

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213515469</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Colfax Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2013</b></p> <p>SCC ID NO: <b>F1331067</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8170 MAPLE LAWN BLVD. SUITE 180</p> <p style="text-align: center;">CITY/ST/ZIP: FULTON, MD 20759</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CLAY KIEFABER  TITLE: DIRECTOR  ADDRESS: 8170 MAPLELAWN BLVD., STE 180  CITY/ST/ZIP/CO: FULTON, MD 20759 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CLAY KIEFABER TITLE: DIRECTOR ADDRESS: 8170 MAPLELAWN BLVD., STE 180 CITY/ST/ZIP/CO: FULTON, MD 20759	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas S. Gayner DIRECTOR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rhonda L. Jordan DIRECTOR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	San W. Orr, III DIRECTOR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. Clayton Perfall DIRECTOR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rajiv Vinnakota DIRECTOR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Rothenbach SrVP - HR 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Paul Lehman VP/Sr. Counsel 8170 Maple Lawn Blvd., Ste 180 Fulton, MD 20759	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Mark PaulLehman		3/28/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
Mark PaulLehman,			
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			